N	1133				SION OF HEALTH - STANDARD CERTIFICATE OF DEATH =63-01	9746			
DEP.	EPARTMENT OF PUBLIC HEALTH AND WELFARE Registration District No. Primary Registration District No. 2500 Registrat's No. 88 STATE								
ON THIS STUB		MEND	ED	_ =	1. PLACE OF DEATH JUN 12 1963 [2. USUAL RESIDENCE (Where deceased lived. If institution:				
VS-300 Rev. 4/59	<u>B</u>				* COUNTY GREENE * STATE MISSOURT COUNTY GREENE	admission)			
Kev. 4/59	AMENDED	.		İ	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD HOURS C. CITY OR TOWN FAIR GROVE	Inside Limits Yes □ No 🛂			
0397	Ē AN			-	c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If cutside, give location)	Reside on Farm			
20390	DATI			I _	HOSPITAL OR INSTITUTION ST. JOHN'S HOSPITAL YES X No ROUTE 2, BOX 82 A				
3 /		\top	П	1	3. NAME OF DECEASED First Middle Lest 4. DATE Month Day (Type or print) OF DEATH TITLE 6				
4 0				I -	MAXIE MCGINIS DEATH JUNE 6, 5. SEX 6. COLOR OR RACE 7. Married 10 Never Married 11 8. DATE OF BIRTH 9. AGE (last birthday) If UNDER 1 YE				
5 ,					MALE WHITE Widowed Divorced 8/28/05 57				
6	့ ြ			7	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT				
7	<u></u> ⊵			<u> </u>	WELL DRILLING DRILLING CHRISTIAN CO. MO. USA 38. FATHER'S NAME 14. NAME OF HUSBAND OR W	/IFE			
	립			l	WILLIAM MCGINNIS BIRDIR ROBERTS CLEO MCGINN	IIS			
	AS				15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) [(If yes, give war or dates of serv				
9/96.9	ARE			-	NO MRS. CLEO McGINNIS: FAIR 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).	INTERVAL BETWEEN			
10 1	CORD		I WE		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Undifferentiate carcivous Thorses ONSET AND DEAT				
11	$c \bowtie i$				Spine and Ribe				
$\overline{}$					Chine and Ribe	<u> </u>			
124-0	S RE STEA				PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to above cause (a). DUE TO (b) DUE TO (b) DUE TO (b)	0 /2			
124-0			DOC		Conditions, it any, DOC TO (b)	Dec 62			
12 4-0 13	S RE STEA	-	DOC	TION	which gave rise to above cause (a), stating the under-lying cause last. DUE TO (c) with paraphagia due & Cord Confusion PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If decease	Dec 62			
12 4-0 13	N THIS RE			IFICATION	which gave rise to above cause (a), stating the under- lying cause last. DUE TO (c) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pre	gnancy in last 90 days No Unknown			
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12 4-0	N THIS RE		DOC	MEDICAL CERTIFICATION	which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pre PREFORMED? YES NO 2. 20a. ACCIDENT SUICIDE HOMICIDE 19. WAS AUTOPSY PERFORMED? YES NO 2. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART I NJURY B.M.) 20c. TIME OF Houl Month, Day, Year INJURY B.M. 20c. TIME OF Houl Month, Day, Year INJURY B.M. 20c. TIME OF Houl Month, Day, Year INJURY B.M. 20c. TIME OF Houl Month, Day, Year INJURY B.M. 20c. TIME OF Houl Month, Day, Year INJURY B.M.	gnancy in last 90 days No Unknown I II of item 18.)			
13 H- 0 NO881N	AMENDMENTS ON THIS RE		DOCI	MEDICAL CERTIFICATION	which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pre PREFORMED? YES NO A CCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or P	gnancy in last 90 days No Unknown			
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E BLACK INK OR OR WRITER RIBBON	AMENDMENTS ON THIS RE SHOULD READ INSTEA		1 1.	*	which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If decease there a prepared by the performance of injury in PART I or PART PERFORMED? PERFORMED? YES NOTE 20c. TIME OF Houl Month, Day, Year NIJURY e.g., in or about home, p.m. 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, p.m. 21. I attended the deceased from Death occurred at 10:05 Pe m on the date stated above, and to the best of my knowledge, from the performance of title) 22a. SIGNATURE Performed Propagation of the performance of title) 22b. ADDRESS OU S Place hum SPRINGFIELD MISSOURI 23c. NAME OF CEMETERY OR CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county)	gnancy in last 90 days No Unknown Till of item 18.) STATE c causes stated.			
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1961 3:5 NOV

STATEMENT BY LICENSED EMBALMER

	I hereby certify that the body whose name	e is recorded on the reverse side of this certificate was embalfied by me,
or by_		
workin	g under my personal supervision.	The state of the s
Student	Signature of Student Embalmer	_ signed Cloud South Color
	4	Licensed Embai ner No. 5156
		P. O. Address Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.